Effective on 12/08/2004.										
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known						
FEE TRANSMITTAL				Applic	ation Number	10/593,00				
For FY 2009				Filing		3/15/2004				
FULL 1 2007					lamed Inventor	Ustun Orl				
Applicant claims small entity status. See 37 CFR 1.27					Examiner Name		er M. Jettor	<u>n</u>		
					Art Unit 3748					
TOTAL AMOUNT OF PAYMENT (\$) 65.00					Attorney Docket 0115 - 062668			• • •		
METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order Other (please identify):										
Deposit Account Deposit Account Number: 23-0650 Deposit Account Name:										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17										
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.										
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)										
				i may b	e subject to a st	ii chai gc.)				
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES										
				l Entity	Entity Small Entity					
Application Ty				<u>ee (\$)</u>	Fee (\$)	Fee (\$)		Fees Pa	<u>aid (\$)</u>	
Utility	330	82		270	220	110				
Design	220	110	100	50	140	70				
Plant	220	110	330	165	170	85	1		·	
Reissue	330	165	540	270	650	325				
Provisional	220	110	0	0	0	0				
2. EXCESS CLAI	M FEES								Small Entity	
								e (\$)	Fee (\$)	
Each claim over 20 (including Reissues)								52	26	
Each independent claim over 3 (including Reissues) Multiple dependent claims								20	110	
Total Claims	- 20 or HP	Evtua Claim	s Food	e).	Fee Paid (\$)			90 Holo Do	195	
- 20 OF AF EXTRA CI		<u>Extra Claim</u> =	<u>raims</u> <u>Fee (\$)</u>		ree raid (5)			e (\$)	ependent Claims Fee Paid (\$)	
HP = highest number of total claims paid for, if greater than 20.										
Indep. Claims	<u>- 3 or HP</u>	Extra Claim	<u> </u>	<u>(\$)</u>	Fee Paid (\$)					
HP = highest numbe	r of independent also	ime noid for if and	X	=						
3. APPLICATION	=	iilis palu ioi, ii gica	atei man 3.							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under										
	52(e)), the application			35 for sr	nall entity) for e	ach additiona	1 50 sheets or	fraction	thereof.	
See 35 U.S <u>Total Sheets</u>	S.C. 41(a)(1)(G) a Extra Sh			ach addi	itional 50 or fra	ction thereof	Fee (\$)		Fee Paid (\$)	
Total SheetsExtra SheetsNumber of each additional 50 or fraction thereofFee (\$)Fee Paid (\$) $-100 =$ $/50 =$ (round up to a whole number)x=										
4. OTHER FEE(S) Fees Paid (\$)										
Non-English Specification, \$130 fee (no small entity discount)										
_	Other (e.g., late filing surcharge): Extension of Time fee \$65.00									
	<i>J</i>		"							
SUBMITTED BY	1/11	, , , , ,	,	Da	gistration No.					
Signature	1 V M	-H-h-	nde		gistration No	22,132	Telephone	41	12-471-8815	
Name (Print/Type	e) William I	I. Logsdon					Date I	Decem	iber 2, 2009	